

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000513

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 495

STATE FILE NUMBER

FILED JAN 16 1962

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 5 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE ONE	
3. NAME OF DECEASED (Type or print) First ELVIN Middle MITCHELL Last WALLACE		4. DATE OF DEATH Month JANUARY 2, 1962 Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-18
9. AGE (last birthday) 43		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
11. BIRTHPLACE (City and state or country) FULTON, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JESSE E. WALLACE		13b. MOTHER'S MAIDEN NAME BERTIE TUCKER	
14. NAME OF HUSBAND OR WIFE MILDRED WALLACE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT RECORDS, VA HOSPITAL, POPLAR BLUFF, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PURULENT PERICARDITIS WITH CONGESTIVE HEART FAILURE. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 Days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. HEMOCHROMATOSIS. 2. DIABETES MELLITUS.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from December 28, 1961, to January 2, 1962, and last saw her on January 2, 1962. Death occurred at 12:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE ERNEST M. TAPP, M.D., Chief of Staff	
22b. ADDRESS VA Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 1/4/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Malden Cemetery	23d. LOCATION (City, town, or county) (State) Malden, Missouri
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Missouri		25. DATE RECD. BY LOCAL REG. 1-12-1962	
26. REGISTRAR'S SIGNATURE Thelma Graham			

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1962

JAN 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Sheld. H. Ponder

Licensed Embalmer No. 5030

P. O. Address Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.